INSTALLATION ENGINEERING DATA

Date form completed 1/23/67

(See Remarks at end of form)

Tentative [ ] Valid until _____

Final data [X]

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I. INSTRUMENT

A. Name of instrument: Chip Format Printer

B. Manufacturer: [redacted]

C. Contract number: [redacted]

D. Delivery date: Tentative: 5/15/67 Final: _____

II. PHYSICAL FEATURES

A. Sub-assemblies:

1. Number of sub-assemblies: 80
2. Largest sub-assembly: Weight 400 lbs; 28 " H x 32 " W x 38 " D
3. Heaviest sub-assembly: Weight 400 lbs; 28 " H x 32 " W x 38 " D

B. Assembled instrument:

1. Number of major components: 4
2. Largest component: Weight 1750 lbs; 48.5" H x 58 " W x 40.5" D
3. Heaviest component: Weight 1750 lbs; 48.5 " H x 58 " W x 40.5 " D
4. Total floor space required after assembly, including maintenance access space. 8 Ft. 6 In. High x 12 Ft. 0 In. Wide x 9 Ft. 0 In. Deep.
5. Total weight of assembled instrument: 3000 lbs. *

C. Type of base of mount: Flat ___: 3-point suspension ___; 4-point suspension X

D. Does the instrument have built-in mobility? Yes ___ No X

E. Is the instrument particularly sensitive to vibration? Yes ___ No X
Will the instrument generate vibration? Yes ___ No X

F. Are any special or unusual tools or fixtures necessary or adviseable for the installation of the maintenance of this instrument? Yes X No ___.
If "Yes," please describe: Fork Lift with one ton capacity for transporting units during installation.

III. UTILITIES

A. Electrical:

	AC	DC
1. Voltage	208 Volts / 115 Volts	___ Volts / ___
2. Current	20 Amps/phase	___ Amps
3. Frequency	60 cps	
4. Nr. of phases	3 Ph	
5. Nr. of wires	5	
6. Power required	8K Watts Max.	___ Watts
7. Power factor	0.8 ~~(Leading)~~ (Lagging) Min.	

8. Type of outlet: Two prong ___; three prong ___; Twist lock ___; Perm. ___ 5 Pin
9. Type of ground: Building conduit X; Direct earth ground X.
10. Should the instrument be shielded, either from external electromagnetic signals or to prevent interference with other equipment? Yes X No ___
If "Yes," to what extent? Power lines should have Radio Interference Filter, Range 100 Kc to 5 Mc, Attenuation > 40 db

* Total including Teletype

Revised 1/66

B. Air conditioning:

1. Desired environment: Room air temperature of 65 $^\circ$F / 80 $^\circ$F and relative humidity of 30 % / 60 %.
2. Input Air: Is a direct connection necessary? Yes ____ No X ; Adviseable? Yes ____ No ____; If "Yes," what is the connector type and size? ____________ Recommended input air temperture ___ $^\circ$F / ___ $^\circ$F. Relative humidity ____% / ____%. If input air must be filtered, what is the maximum particle size in microns? ____ What particle count? ________/ cu. ft.
3. Output Air: Is a direct connection to the return air duct necessary? Yes X No ____. Adviseable? Yes X No ____. Connector type and size? ** 4 inch ducts ____. Output air temperature 65 $^\circ$F / 90 $^\circ$F. Relative humidity 30 % / 100%. Output heat ___BTU/Hr. Flow of 100 CFM. Is output air toxic? Yes X No ____; Noxious? Yes X No ____.
   ** Two required. It is preferable that they be vented separately.

C. Plumbing:

1. Is water required? Yes ____ No X ; Pressure ____PSIG, flow ___GPM.
2. Type of water required:
   Tap ___ $^\circ$F / ___ $^\circ$F   Deionized ___ $^\circ$F / ___ $^\circ$F
   Tempered ___ $^\circ$F / ___ $^\circ$F   Filtered ___ $^\circ$F / ___ $^\circ$F
   If filtered, give maximum permissible particle size in microns and the maximum permissible count. _____ microns _______ particles/cu. ft.
3. Pipe required:
   Galvanized ____   Copper ____   Size ______
   Stainless Steel ____   Plastic ____   Type of connector ______
4. Floor drain:
   Diameter of drain ____   Galvanized drain? ____
   Plastic drain? ____   Glass drain? ____
5. Are any chemical solutions used in the device? Yes X No ____. If "Yes," state the nature of the solution(s), permissible temperature range, flow rate in appropriate units and the filtration necessary for each solution Freon 113 and Tetrachloroethylene (20% - 80%). *** .
6. Size of pipes and connectors ______________________________.
   *** Direct plumbing hookup not required; chemical sump is manual fill.

D. Compressed air:
Is compressed air required? Yes X No ____. Water free? X Oil Free? X Type and size of connector? **** . Pressure 60 PSIG. Flow in CFM Maximum 50 , minimum 0 , average 25 .

E. Vacuum:
Is vacuum required? Yes ____ No X . Pressure ____PSIA or (inches of water) (millimeters of mercure). Displacement in CFM, maximum _______, minimum _____, average _____. Type and Size of connectors __________.

F.* Peripheral Devices:
Will the instrument be connected to any peripheral devices such as a computer or data input or data output device? Yes ____ No X . If "Yes," give, in detail, the nature of the connection to the peripheral device such as coaxial cable, multiple wire connector, etc.

*Direct hook-up to a 35 ASR teletype

IV. REMARKS

A. Use additional sheets if more space is required for environmental conditions or utilities not mentioned above.

B. Submit three typed copies of the completed form to the Technical Representative.

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**** Series 1000 [redacted] Quick Connect Air Hose Coupling Socket should be with [illegible]

C. Attach three copies of a dimensioned outline drawing of each major component and of the completed assembly. Include the estimated weight of each major component and of the completed assembly. Indicate, on the outline drawing of the completed assembly, the space required for access to the instrument for maintenance.

D. If a question does not apply to the instrument, insert "N/A" (Not Applicable) in the appropriate blank space.

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